



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) HORIUCHI BELL	(First) ANNE	(Middle) T.	TELEPHONE 808-547-5600
MAILING ADDRESS (Street) 1099 Alakea Street, Suite 1800			FAX 808-547-5880
(City) Honolulu, HI	(State) 96813	(Zip Code)	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Goodsill Anderson Quinn & Stifel			TELEPHONE 808-547-5600
MAILING ADDRESS (Street) Same as above.			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) DISTILLED SPIRITS COUNCIL OF THE UNITED STATES			TELEPHONE 202-628-3544
MAILING ADDRESS (Street) 1250 I STREET, NW, SUITE 400			FAX 202-682-8849
(City)	(State)	(Zip Code)	
WASHINGTON, D.C. 20005			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT COURTNEY ARMOUR			TELEPHONE
MAILING ADDRESS (Street) SAME AS ABOVE			FAX
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (Indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Anne J. Horiechi Bell

(Signature of Lobbyist)

3/15/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

MARK GORMAN, SENIOR VICE PRESIDENT, GOVERNMENT RELATIONS

NAME OF ORGANIZATION (if applicable)

TELEPHONE

DISTILLED SPIRITS COUNCIL OF THE UNITED STATES

202-628-3544

MAILING ADDRESS (Street)

FAX

1250 I STREET, NW, SUITE 400

202-682-8849

(City)

(State)

(Zip Code)

WASHINGTON, D.C. 20005

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Mark Gorman

(Signature of Authorizing Officer or Person Represented)

3-14-06

(Date)